

Georgia Board of Nursing Home Administrators
237 Coliseum Drive, Macon, GA 31217 * (478) 207-2440

CERTIFICATION OF PROGRAM COMPLETION – 2000 HOUR PROGRAM

(Please print clearly or type all answers - if there is not sufficient space, use additional sheets and number accordingly).

NAME: _____ Date _____
(Title) (Last) (First) (Middle)

NAME OF FACILITY WHERE TRAINING IS TAKING PLACE: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

DATE PROGRAM BEGAN: _____ DATE PROGRAM COMPLETED: _____

RESIDENT CARE AND QUALITY OF LIFE: (A minimum of 750 hours) TOTAL HOURS _____

Topics in this area should include nursing services, social services, food service, medical services, therapeutic services, recreational and activity programs, medical records, pharmaceutical program and rehabilitation services.

HUMAN RESOURCES: (A minimum of 250 hours) TOTAL HOURS _____

Topics in this area should include recruitment, interviewing, employee selection, training, personnel policies, employee health and safety program, and employee retention.

FINANCE: (A minimum of 250 hours) TOTAL HOURS _____

Topics in this area should include accounting, budgeting, financial planning and asset managing, and auditing.

PHYSICAL ENVIRONMENT AND ATMOSPHERE: (A minimum of 250 hours) TOTAL HOURS _____

Topics in this area should include safety procedures, fire, disaster and emergency programs, and building and environmental management.

LEADERSHIP AND MANAGEMENT: (A minimum of 400 hours) TOTAL HOURS _____

Topics in this area should include compliance with laws and regulations and governing entities, risk management, communication, survey, certification, enforcement, quality improvement models and management information systems.

OTHER: _____ TOTAL HOURS _____

TOTAL NUMBER OF HOURS IN AIT TRAINING PROGRAM _____

TO BE COMPLETED BY THE SUPERVISING LICENSED NURSING HOME ADMINISTRATOR/PRECEPTOR:

I certify that the AIT whose signature appears below has satisfactorily completed this AIT program of **1000** hours as outlined above under my personal supervision.

Provide **a narrative evaluation** of suitability for licensure as a nursing home administrator and **attach**.

(Signature of AIT)

(Signature of Preceptor)

GA NHA License # _____

Sworn to and subscribed before me this

____ day of _____, 20____,

Signature of Notary Public _____

My commission expires _____

Notary Seal